

CIVIL COURT OF THE CITY OF NEW YORK  
COUNTY OF NEW YORK

Index No. 6732-05

DEMI, LLC,

Plaintiff,

- against -

AFFIDAVIT IN SUPPORT OF  
ORDER TO SHOW CAUSE  
TO VACATE DEFAULT  
JUDGMENT AND DISMISS FOR  
LACK OF PERSONAL  
JURISDICTION

BARBARA J. STINSON,

Defendant

STATE OF NEW YORK )

ss:

COUNTY OF NEW YORK)

BARBARA J. STINSON, being duly sworn, depose and say that:

1. I am an unrepresented Defendant in the above-captioned action.
2. I am fully familiar with the facts set out in this Affidavit.
3. I submit this Affidavit in support of this Order to Show Cause to vacate the default

judgment and dismiss the action for lack of personal jurisdiction and attach the following

exhibit(s) in support: a) a copy of the affidavit of service (Ex. A);

(b) a copy of an Assurance of Discontinuance in a disciplinary proceeding against the process server (Ex. B.); W-2 STATEMENTS FROM 2003 THROUGH 2008 WITH PROOF OF ADDRESS 163 EAST ELM ST. GREENWICH CONN. 06830 (EX C)

4. Because this Affidavit contains a sworn denial of the affidavit of service,

☐ and facts to rebut the process server's affidavit, I request the Court hold a traverse hearing.

☒ and documentary evidence to rebut the process server's affidavit, I request the Court grant

this application pursuant to C.P.L.R. 3211(a)(8) without the need for a traverse hearing and

dismiss the action for lack of personal jurisdiction.

5) STATEMENT FROM CT - DMV AS PROOF OF ADDRESS FROM 2005 (EX D)  
STATEMENT OF MY VOTING RECORD IN THE STATE OF CT. (EX E)  
of 10

Defendant has copy of Affidavit of Service.

MY SON ROBERT'S DEATH CERTIFICATE PROVING BY DATE OF DEATH AND  
BY PROPER NAME HE COULD HAVE NOT BEEN SERVED A SUMMONS (EX F)

5. On December 13, 2005, ~~2006~~, Plaintiff commenced this action by filing the Summons and Complaint.

6. A default judgment was entered against me in this action on April 11, 2006.

7. I have reviewed the affidavit of service filed in this action, and I dispute the allegations of the process server for the following reasons:

a) The Affidavit of service alleges service of process on January 26, 2006 at the following address: 236 East 82nd Street Apartment 4A, New York New York 10028.

b) On the alleged service date of January 26, 2006 I lived at a different residence. I resided at 163 East Elm Street, Greenwich, CT 06830.

c) Although I had resided at the service address I had moved from that residence permanently on June 2002.

d) To demonstrate my address on January 26, 2006 I am attaching as evidence pay stubs for December 2005, January 2006,



and February 2006 all showing my ~~former~~ residence  
at that time as 163<sup>East</sup> Elm Street, Greenwich CT.

8. I discovered that Plaintiff commenced this action when:

I received a notice of wage garnishment.

In addition, upon information and belief, the  
process server, Harry Torres, was disciplined  
by the New York City Department of Consumer  
Affairs in 2009 and fined \$1,000 (See Ex B,  
Page 9, paragraph 45).

9. Because I never received notice about the lawsuit, I have a reasonable excuse for my default.

10. I also have one or more meritorious defenses.

- ☒ I do not owe the money.
  - ☒ I am a victim of identity theft or mistaken identity.
  - ☐ Payment.
  - ☐ Incorrect Amount.
  - ☒ No business relationship with the plaintiff. (Plaintiff lacks standing.)
  - ☐ The NYC Department of Consumer Affairs shows no record of plaintiff having a license to collect debt.
  - ☐ There is no debt collection license number in the complaint.
  - ☒ Statute of limitations.
  - ☐ The debt was discharged in bankruptcy.
  - ☐ The collateral (property) was not sold at a commercially reasonable price.
  - ☐ Unjust enrichment.
  - ☐ Violation of the duty of good faith and fair dealing.
  - ☐ Unconscionability (the contract is unfair).
  - ☐ Laches.
  - ☐ Defendant is in the military.
  - ☐ Other Defense.
- 
-





14. Upon information and belief based on the advice I received at CLARO, the law stated below is true and accurate:

15. C.P.L.R. 5015(a)(4) mandates this Court to vacate a default judgment and dismiss an action when it finds that a defendant was not served with the Summons or the Summons and Complaint as required by C.P.L.R. § 308. Kiesha G.-S. v. Alphonso S., 57 A.D.3d 289, 289, 870 N.Y.S.2d 240, 240 (1st Dept. 2008) (citing Chase Manhattan Bank, N.A., v. Carlson, 113 A.D.2d 734, 493 N.Y.S.2d 339 (2d Dept. 1985) (“[a]bsent proper service of a summons, a default judgment is deemed a nullity and once it is shown that proper service was not effected the judgment must be unconditionally vacated”)); Steele v. Hempstead Pub Taxi, 305 A.D.2d 401, 402, 760 N.Y.S.2d 188, 189 (2d Dept. 2003) (same).

16. Service of process is a constitutional requirement necessary for a court to have jurisdiction over a person. Patrician Plastic Corp. v. Bernadel Realty Corp., 25 N.Y.2d 599, 607, 307 N.Y.S.2d 868, 875 (1970) (“The short of it is that process serves to subject a person to jurisdiction in an action pending in a particular court and to give notice of the proceedings.” (citations omitted)).

17. The requirements for service of process are strictly enforced. Dorfman v. Leidner, 76 N.Y.2d 956, 958, 563 N.Y.S.2d 723, 725 (1990) (stating that “[s]ervice of process is carefully prescribed by the Legislature” and “requires adherence to the statute”).

18. A court determines whether Plaintiff effected service of process properly by reviewing the facial validity of the affidavit of service and other documents. De Zego v. Bruhn, 67 N.Y.2d 875, 877, 501 N.Y.S.2d 801, 801-802 (1986).

19. In its moving papers, the defendant must either submit a sworn denial of service or swear to specific facts to rebut the process server’s affidavit. Puco v. DeFeo, 296 A.D.2d 571,

571, 745 N.Y.S.2d 719, 719-20 (2d Dept. 2002). An affidavit by defendant that raises an issue of fact as to jurisdiction is sufficient to rebut the process server's affidavit. National Union Fire Ins. v. Montgomery, 245 A.D. 2d 150, 665 N.Y.S.2d 665, 666 (1st Dept. 1997).

20.

☐ This Affidavit raises a question of fact with respect to this Court's jurisdiction, which should be resolved through a traverse hearing. See Kingsland Grp. v. Pose, 296 A.D.2d 440, 440-41, 744 N.Y.S.2d 715, 716 (2d Dept. 2002) ("[S]ince there was a sworn denial of receipt of process, the affidavit of service is rebutted and the plaintiff must establish jurisdiction by a preponderance of the evidence at a hearing."); In re St. Christopher-Ottilie, 169 A.D.2d 690, 691, 565 N.Y.S.2d 72, 73 (1st Dept. 1991) ("[T]he court erred in failing to hold a traverse hearing on the issue of the propriety of personal service, since respondent has raised an issue of fact with respect to the service of the petition.").

☒ In cases where the documentary evidence shows that service was not proper, the Court should grant the motion to dismiss for lack of personal jurisdiction without holding a traverse hearing. Ben-Amram v. Hershowitz, 14 A.d.3d 638, 789 N.Y.S.2d 313 (2d Dept. 2005) ("Since it was undisputed that the defendant did not reside at the address where personal service was attempted, and the address was not alleged to be the defendant's place of business, any purported service pursuant to CPLR 308 was ineffective, and the complaint should have been dismissed." (internal citation omitted)); Community State Bank v. Haakonson, 94 A.D.2d 838, 463 N.Y.S.2d 105 (3d Dept. 1983) ("Personal jurisdiction not having been acquired, the subsequently granted default judgment was a nullity and Special Term's attempt to exercise discretion pursuant to CPLR 5015 was ineffectual, for it was without authority to take any action other than to dismiss the complaint. . . . And notwithstanding plaintiff's assertion to the contrary, there is no reason



to remand for a factual hearing on the propriety of the service. . . . Because no disputed issue of fact is presented, a further hearing would be useless.”(internal citations omitted)).

21.If this Court finds that C.P.L.R. § 5015(a)(4) does not apply in this action, the Court may vacate the judgment based on excusable default under C.P.L.R. § 5015(a)(1). Mayers v. Cadmen Towers, Inc., 89 A.D.2d 844, 845, 453 N.Y.S.2d 25, 26-27 (2d Dept. 1982) (remitting the case for a hearing to determine “whether the court had jurisdiction over defendant, and, if it did . . . whether leave to interpose an answer containing all or only some defenses should be granted in view of the prejudice, if any, caused by the defendant’s default”).

22.Excusable default requires a finding of a reasonable excuse for the default and the existence of a potentially meritorious defense to warrant vacatur of the default judgment. Gerdes v. Canales, 74 A.D.3d 1017, 1018, 903 N.Y.S.2d 499, 500 (2d Dept. 2010).

23. “There is a ‘strong [public] policy favoring the determination of actions on their merits’.” Heskel’s West 38<sup>th</sup> Street Corp. v. Gotham Constr. Co., 14 A.D.3d 306, 307, 787 N.Y.S.2d 285, 287 (1<sup>st</sup> Dept. 2005) (alteration in the original).

24. As described above, I have a reasonable excuse for my default as I never received the Summons or the Summons and Complaint and meritorious defenses.

25. I have:

☐ not had a previous Order to Show Cause regarding this index number.

☒ **had** a previous Order to Show Cause regarding this index number but I am making this further application because:

on the return date of my first order  
to show cause filed February 21, 2016  
I was advised to withdraw my order



showcase and refile a second  
application. The return dated  
that first order to show cause  
was on February 22, 2018.

26. I respectfully request that the Court grant my motion to vacate the default judgment or in the alternative, schedule a traverse hearing and, pursuant to C.P.L.R. 5015(a)(4), dismiss this case for lack of personal jurisdiction, lift all stays, order the return of any funds that have been garnished, and permit me to serve papers by mail.

27. If the Court denies my request pursuant to C.P.L.R. 5015(a)(4), I respectfully request that the Court grant my motion to vacate the default judgment pursuant to C.P.L.R. 5015(a)(1), restore the case to the calendar, lift all stays, order the return of any funds that have been garnished, permit me to file the proposed Answer, and permit me to serve papers by mail.

WHEREFORE, I respectfully request that the Court grant my motion in all respects.

3-26-2018

Date

*Barb*

Pro Se Defendant Signature

Barbara J. STINSON

Pro Se Defendant Name

1307 Park Street

Peekskill NY 10566

Address

917-612-9593

Phone

Sworn to before me on the

26 day of March, 2018

*Yvette Socastro*  
NOTARY PUBLIC



Prepared with the assistance of the *Markellon*

*Theodora Galatos*

Theodora Galatos, Esq., of Fordham Law School's Feerick Center for Social Justice, for the CLARO Program.

CLARO Program by Volunteer Attorney

with statements about the law prepared by



**STRICT:**

ATTORNEY(S): : HOUSLANGER & ASSOCIATES (a) PH: 914-767-3803  
ADDRESS: 372 NEW YORK AVE HUNTINGTON NY 11743 File No.: 27829

**DEMI, LLC**

vs

**BARBARA J STINSON**

Plaintiff(s)/Petitioner(s)

Defendant(s)/Respondent(s)

STATE OF NEW YORK, COUNTY OF NASSAU, SS.:

**AFFIDAVIT OF SERVICE**

**HARRY TORRES**, being duly sworn deposes and says: Deponent is not a party herein, is over 18 years of age and resides in New York State. On Thursday, January 26, 2006 at 6:16 PM at 238 E 82ND ST, APT 4B, NEW YORK, NY 10028-2798, deponent served the within Summons & Verified Complaint

on: BARBARA J STINSON, Defendant therein named.

The language required by NYCRR 2900.2E, F&H was set forth on the face of said summons.

**INDIVIDUAL** By delivering a true copy of each to said recipient personally, deponent knew the person served to be the person described as said person therein.

☐ **#2 CORP.** By delivering thereto a true copy of each to \_\_\_\_\_ personally, deponent knew said \_\_\_\_\_ so served to be the \_\_\_\_\_ described in same as said recipient and knew said individual to be the managing/authorized agent of the \_\_\_\_\_, and said person stated that he/she was authorized to accept service on behalf of the \_\_\_\_\_.

☒ **#3 SUITABLE AGE PERSON/ PARTNERSHIP** By delivering a true copy of each to ROBERT STINSON, resident/relative, a person of suitable age and discretion. Said premises is recipient's: [ ] actual place of business [X] dwelling house (usual place of abode) within the state.

☐ **#4 AFFIXING TO DOOR** By affixing a true copy of each to the door of said premises, which is recipient's: [ ] actual place of business [ ] dwelling house (place of abode) within the state.

Deponent was unable, with due diligence to find recipient or a person of suitable age and discretion, having called thereat

on \_\_\_\_\_ at \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_

Address confirmed by \_\_\_\_\_

☒ **#5 MAIL COPY** On February 1, 2006, deponent completed service by depositing a true copy of each document to the above address in a 1st Class postpaid properly addressed envelope not indicating that mailing was from an attorney or concerned legal action and marked "Personal and Confidential" in an official depository under the exclusive care and custody of the United States Post Office in the State of New York.

☒ **#6 DESC.** A description of the Defendant, or other person served, or spoken to on behalf of the Defendant is as follows:  
Sex: Male Color of skin: White Color of hair: Black Age: 14-20 Yrs Height: \_\_\_\_\_  
(use with #1, 2 or 3) Weight: 131 - 180 Lbs Other Features: \_\_\_\_\_

☐ **#7 WIT. FEES** the authorized witness fee and / or traveling expenses were paid (tendered) to the recipient.

☒ **#8 MIL. SRVC** Your deponent asked the person spoken to whether defendant was in the active military service of the United States or N.Y. State; and received a negative reply. Upon information and belief I have; being based on the conversations & observations above narrated, defendant is not in the military service.

☐ **#9 OTHER**

Served to before me on February 1, 2006

DAVID B WARSHALL  
NOTARY PUBLIC, State of New York  
No. 0798615526, Qualified in Nassau County  
Term Expires September 07, 2008

HARRY TORRES  
Server's Lic # 0915257  
Invoice/Work Order # 28631



CITY OF NEW YORK  
DEPARTMENT OF CONSUMER AFFAIRS

DEPARTMENT OF CONSUMER AFFAIRS,

Complainant,

-against-

Harry Torres,

Respondent.

X

ASSURANCE OF  
DISCONTINUANCE

PROCESS SERVER  
INDIVIDUAL

Violation No LL # 5133470  
Process Server License  
0915257

X

Harry Torres ("Respondent") consents to this Assurance of Discontinuance ("AOD" or "Agreement") to settle the above captioned violation with the Department of Consumer Affairs ("DCA" or "the Department") and agrees as follows:

**ACKNOWLEDGMENT OF SERVICE**

Respondent acknowledges receipt of the Notice of Hearing in the above captioned matter, which charged him with violating provisions of Title 20 of the Administrative Code of the City of New York (the "Code") found in: Chapter 1 of the Code, beginning at Section 20-101 (the "License Enforcement Law"); Chapter 2 of the Code, Subchapter 23, beginning at Section 20-403 (known as the Process Servers Law); Title 6 of the Rules of the City of New York ("6 RCNY"), beginning at Section 1-01 (known as the License Enforcement Rules); Title 6 of the Rules of the City of New York, Chapter 2, Subchapter W beginning at Section 2-231 (the "Process Servers Rules") in connection with his Process Server license

**BAR TO REAPPLYING FOR A PROCESS SERVER LICENSE IN THE CITY OF NEW YORK**

- 1 Respondent shall be barred from reapplying for any process server license issued by the Department for a period of five years (5) beginning on October 1, 2008



- 2 During the said five (5) year period, Respondent shall be prohibited from engaging in process serving activity in the City of New York including but not limited to serving, assigning, distributing or delivering process for service to anyone else to serve on his behalf or on behalf of any company in which Respondent owns a ten (10) or more percent share or interest nor conduct any process server business whatsoever in the City of New York
- 3 Should Respondent reapply and be issued a process server license at any time after the expiration of the five (5) year period, Respondent shall comply with all the provisions of this Agreement as condition of the issuance of a process server license to Respondent or on behalf of any company in which Respondent owns a ten (10) or more percent share or interest
- 4 Any time frame imposed by this Agreement shall begin to run as of the date of the subsequent issuance of a process server license to Respondent

**DEFINITIONS:**

- A "Serve" or "service" shall mean the delivery of process in manner prescribed by the laws of the State of New York
- B "Process" means a summons, notice of petition order to show cause, subpoena, notice, citation or other legal paper issued under the laws of the State of New York directing an appearance or response to a legal action, legal proceeding or administrative proceeding; provided, however, that if under the laws of the State of New York the mailing of such legal paper is sufficient to effect service, such legal paper shall not be process for the purpose of this Agreement
- C A "contest to service of process" means a challenge alleged in an answer, motion, or other pleading submitted in a judicial, administrative or other legal proceeding to the service of process effectuated by a process server on the ground that the service did not comply with the requirements of New York State or other applicable law, including a hearing commonly known as a "traverse hearing" whether such challenge is waived, settled by stipulation or decided by court order after a hearing,
- D "Contemporaneous" with respect to the entry of an event in a record, volume or log book means that each entry shall be made at or about the time as the act with respect to which the entry is made

- E "Chronological" with respect to the notation in the process server record or log means that each notation shall be entered in order of date and time and that no blank spaces shall be left allowing the entry of an additional notations between any two notations
- F "Bound volume" means a book or ledger that at the time of purchase contains a specified number of unfolded sheets of paper or other material that are permanently secured to covers by stitching, glue such other method that is calculated to make readily discernable the removal or inclusion of one or more sheets after the first use of such volume
- G "Paginated" means each page in the volume or log must contain either a page number in sequence starting with the number "1" at the time of purchase or an indelible label stating the number of pages the volume originally contained
- H "Due diligence" in delivering process shall mean that three or more reasonable efforts were made to locate and deliver process personally to the person(s) to be served within the State
- I "Reasonable efforts" means that attempts to serve process is made at a time, date or location the Respondent knows the person to be served could reasonably be found
- J "Reasonable efforts to locate" means that Respondent has made reasonable attempts to locate the person to be served and confirmed the address or location by dependable sources before attempting delivery of process
- K "Reasonable efforts to effectuate service by personal delivery" means that the Respondent shall attempt personal delivery more than once and that he/she shall deliver process by substituted service or by conspicuous place service only after the third attempt to find the person to whom service must be delivered
- L "Same time" with respect to efforts to make delivery means within two hours before and after of an hour
- M "Material breach" means the failure to comply with this Assurance of Discontinuance in whole or in part by commission or omission without legal excuse
- N "Report to the Department" means directing a written communication to the New York City Department of Consumer Affairs Attn: Legal Services Division, 42 Broadway, 9<sup>th</sup> Floor, NY, NY 10004
- O "Disposition" of a traverse hearing means the court's final written decision on the traverse hearing



- P. "Affidavit of Service" or "Proof of Service" means a sworn statement in writing made under oath before a public notary in which the process server affirms that service of process in a matter was effectuated, the manner in which service was effectuated and other sworn statements

## **II. INJUNCTIVE RELIEF**

### **A. Duty to Comply With Law:**

- 1) Respondent shall strictly and promptly comply with all laws, rules, regulations and requirements of the federal, state and municipal authorities and this Agreement when serving process

### **B. Duties When Effectuating Service on a Natural Person:**

- 2) When effectuating service of process by conspicuous place service, Respondent shall affix the process to be served to the door of the person to be served and to no other
- 3) When effectuating service of process by conspicuous place service, Respondent shall at all times attach the process to the dwelling place door of the person to be served with transparent tape on all four corners
- 4) When making diligent efforts to deliver process in accordance with the requirements of CPLR 308, Respondent shall not make all attempts at delivery on the same day or at the same time on different days
- 5) Respondent shall make reasonable efforts to confirm whether the address at which service is attempted is the actual place of business, dwelling place or usual place of abode of the person to be served
- 6) Those efforts shall include, but not be limited to, inquiring of neighbors and other persons present at those locations, checking public and commercial data bases, and requesting information from the owner of the premises if different from the person to be served
- 7) Respondent shall not deliver process that he knows not to be the actual place of business, dwelling place, or usual place of abode of the person to be served and affirm that service was complete in an affidavit
- 8) When service is effectuated pursuant to CPLR 308(4) or Section 735(1) of the Real Property Actions and Proceedings Law ("RPAPL"), Respondent shall make date and

time stamped digital photographs of the hallway walls adjacent to the door to which process is affixed and the entryway to the building where the conspicuous posting is made

- 9) When mailing is required to complete service, Respondent shall perform the mailing in all instances where he has effectuated the delivery of the process himself
- 10) Respondent shall always write "personal and confidential" on the mailing envelope when delivering service by mail
- 11) Respondent shall insure that any service by mail is mailed to the last known residence of the person to be served
- 12) Respondent shall not indicate on mailing envelopes that the communication is from an attorney or concerning an action against the person sought to be served

**C. Duty to Maintain Proper Records:**

- 13) Respondent shall maintain records of service of process in the City of New York as required by General Business Law 89-cc and 6RCNY § 2-233
- 14) Respondent shall maintain in his logbooks all information required by General Business Law 89 cc and 6 RCNY § 2-233 with respect to every case in which he serves process
- 15) All service of process effectuated by the Respondent in the City of New York shall be entered in a single volume/logbook and entries shall at all times be made contemporaneously with service and in chronological order
- 16) Respondent shall record in his usual process server logbook in chronological order the date and time of each and every attempt of service
- 17) Respondent shall record in his usual process server logbook in chronological order the date and time of each service of process that is attempted but returned as undeliverable
- 18) Respondent shall describe in affidavits of service the person of suitable age and discretion to whom process is delivered by setting forth the age, height, weight, skin color, eye color and hair color of the person to whom process is delivered
- 19) Respondent shall always state the place and time of delivery in the affidavits of service



D. Completion of Affidavits and other Proofs of Service

- 20) Respondent shall strictly and promptly conform to all federal, state and municipal laws, rules, regulations and requirements relating to the preparation, notarization and filing of affidavits of service required by 6 RCNY § 2-234
- 21) Respondent's affidavit shall be truthful and contain all information required by law and, in addition, the following facts:
  - a) A detailed description of Respondent's efforts to effectuate personal delivery within the State;
  - b) Respondent's source of the information about the whereabouts of the person to be served;
  - c) A description of Respondent's efforts to confirm the information about the whereabouts of the person to be served;
  - d) Whether the Respondent made use of a picture or other physical representations of the person(s) to be served when delivering process;
  - e) A description of the age, height, weight, skin color, eye color and hair color of the person to whom delivery of process was made;
  - f) The location and detailed description of the place where delivery was effectuated;
  - g) The name and description of any witnesses to the delivery of process; and
  - h) Where service of process is accomplished by personal delivery, all information confirming that Respondent knew the person to whom process was delivered to be the actual intended recipient of the process; and
  - i) Where information required is unknown Respondent shall clearly state so in the affidavit
- 22) Respondent thoroughly read and shall not sign or notarize or cause to be signed or notarized any affidavit of service until such time as all information pertaining to the specific service has been entered and form language modified where necessary
- 23) Respondent shall not intentionally sign any affidavit that has the capacity, tendency or effect of misleading a reader of the affidavit
- 24) For purposes of this provision any statement in an affidavit by Respondent shall be considered intentional if there are repeated similar acts, including because of the use of canned or form language

- 25) Respondent shall at all times specifically state in the affidavit whether he knows or does not know the name(s) of the person(s) to whom service was delivered
- 26) Respondent shall not use fictitious names in his affidavit to refer to defendants or persons; except "Jane Doe" and "John Doe" where the party is so named in the case caption and was served as such an unknown party
- 27) Respondent shall always state the process server organization name, address and DCA license number, as well his individual process server name and DCA license number, on all affidavits of service that are filed with a court

**E. Maintenance of Records**

- 28) Respondent shall maintain all photographs, logs, records, affidavits and other documents required by the General Business Law, the Rules of the Commissioner and this Agreement for a period of not less than five years.

**F. Duty to Report Contested Service of Process**

- 29) The Respondent shall notify the Department (attention of Counsel's Office), in writing, by certified mail, within ten days of the conclusion of any traverse hearing court hearing or concerning a contest to service of process in which his service of process is contested in a motion, order to show cause hearing or trial, and whether such dispute was resolved by settlement of the parties, waiver by defendant or by decision of the court
- 30) The report shall be on a form attached to this Agreement as Exhibit A and shall include the following:
  - a) the index number;
  - b) the caption;
  - c) the court;
  - d) the name of the firm, entity or person on behalf of whom service was effectuated;
  - e) the name and license number of the process server organization that assigned service to Respondent;
  - f) a copy of the affidavit of service or proof of service;
  - g) copies of the mailing receipts;
  - i) the final disposition of the matter; and



- j) shall have attached to it a copy of the court order, stipulation or court file jacket setting forth the final disposition of the matter
- 31) Respondent shall have an affirmative obligation to obtain a copy of the decision, stipulation, statement or other proof of disposition of the traverse hearing
- 32) Respondent shall maintain in a separate bound, paginated volume or logbook, separate from the records required by General Business Law, 6 RCNY § 2-233, where he records every contest to service of process (traverse hearing) setting forth all of the information required by this Agreement to be reported to the Department and the date and certified mail number

**G. Providing Identification**

- 33) Respondent may not possess, display or wear any badges, insignias, shields, medals or decoration while serving process
- 34) Respondent shall display his Department identification card upon request of a person upon whom Respondent is attempting service or any other interested person

**H. Training**

- 35) Respondent shall obtain training about the laws and regulations that relate to and govern the service of process in the City of New York upon notice from the Department that that it has determined that there is available within the City of New York one or more programs that provide such training in a satisfactory manner
- 36) Respondent's failure to provide proof of having attended training shall be sufficient grounds for the revocation of his license or denial of a renewal application license until such time as this requirement is met

**I. Inspection of Records:**

- 37) If Respondent obtains a new license in five years, thereafter Respondent shall report to the Department, upon notice, at the Legal Services Division, 42 Broadway, 9<sup>th</sup> Floor, New York NY 10004, every six months for a compliance review
- 38) The first such review shall occur on or about three months from the date of issuance of the license at a date and time scheduled by the Department
- 39) The Department will provide notice of the date and time of the review to Respondent by regular United States mail sent to Respondent's residential address not later than ten (10) days before the scheduled review

- 40) Respondent shall appear at the review with all photographs, records, affidavits and other documents that this Agreement requires Respondent to maintain for the preceding six months, or as provided by the Department in writing, and with such other materials as the Department by notice shall request
- 41) The Department will conduct a review to assess whether Respondent has complied with the requirements of Article 8-A of the General Business Law, Subchapter W of Chapter 2 of the Rules of the Commissioner, and this Agreement
- 42) Respondent's failure to comply may result in proceedings for license revocation or suspension, fines and such other remedies as provided by law and this Agreement
- 43) Respondent's failure to provide proof of compliance with the review and reporting requirement of this section on or before the application for a license renewal shall be sufficient grounds for the denial of any subsequent license
- 44) Respondent shall produce all records demanded by the Department within 72 hours of the receipt of a written demand

### III. FINES

- 45) Respondent shall pay a fine of \$ \$1,000.00 in three installments in settlement of all the violations to date
- 46) Installment payments shall be made as follows:
  - a) The first installment for three hundred dollars (\$300.00) and is due at the execution of this Agreement
  - b) The second payment is for three hundred dollars (\$300.00) and is due 60 days after the execution of this Agreement
  - c) The third payment is for four hundred dollars (\$400.00) and is due 90 days after the date of the execution of the Agreement
- 47) Payments shall be made in the form of a bank check or money order only and shall be made payable to the "NYC Department of Consumer Affairs "



**IV. RESOLUTION OF CONSUMER COMPLAINTS**

- 48) Respondent shall provide to the Department a reply to all consumer complaints to the Department relating to Respondent's process serving activity within ten (10) business days of the receipt the complaint
- 49) Respondent shall respond to any subsequent communications from the Department concerning the complaint within five (5) business days
- 50) Nothing in this provision waives or diminishes Respondent's obligation to comply with 6 RCNY Section 1-13
- 51) Respondent shall provide to the Department a copy of every written complaint that Respondent receives from any other governmental body and from any non-governmental entity and Respondent's response thereto within ten days of Respondent's receipt of the complaint. Respondent shall report to the Department the resolution of every such complaint and provide a copy of any writing setting forth the resolution within ten (10) business days of such resolution

**V. RESPONDENT'S DUTY TO REPORT CHANGES OF ADDRESS TO THE DEPARTMENT**

- 52) Respondent affirms that the address and telephone number listed with the Department are current and correct
- 53) Respondent represents that the following is his e-mail address  

\_\_\_\_\_@\_\_\_\_\_
- 54) Respondent acknowledges that the Department intends to use this e-mail address to communicate official matters to the Respondent and Respondent agrees to accept such communications
- 55) Respondent shall notify the Department when his address, telephone number and or e-mail address change in writing within 10 days of such change
- 56) Respondent shall provide the notification in writing to the Department's Licensing Unit at 42 Broadway, 5<sup>th</sup> Floor, NY, NY 10004 and the Legal Services Unit located at 42 Broadway, 9<sup>th</sup> Floor, NY NY 10004
- 57) Respondent's failure to notify the Department of any change in address in a timely manner shall be sufficient grounds for the suspension of the license for a period of not

less than three (3) months, upon proof of the failure to notify the Department of such change and an opportunity to be heard

- 58) Respondent's failure to respond to any Department communication within the period specified in this Agreement or by law shall be deemed Respondent's failure to notify the Department of his/her whereabouts and shall be sufficient grounds for the suspension of the license, upon proof of such failure to respond and an opportunity to be heard

#### **VI. BREACH OF THIS AGREEMENT**

- 59) A finding after notice and hearing that Respondent has committed a material breach of the terms of this Agreement shall be sufficient grounds for the revocation of Respondent's license and for ineligibility to be licensed for a period of five years
- 60) Specific violations of this Agreement shall constitute independent and separate violations of any applicable law, regulation or rule
- 61) Violations of law and violations of this Agreement shall be assessed as separate fines, with a maximum penalty of \$1,000.00 each
- 62) The following conduct shall be grounds for denial or revocation of Respondent's DCA licenses:
- a. Respondent's failure to pay any restitution or fine ordered by DCA's administrative tribunal; or
  - b. Respondent's failure to pay any fine installment payment under this Agreement; or
  - c. Respondent's failure to pay any consumer restitution awarded by any other court or administrative body of competent jurisdiction within thirty days of Respondent's receipt of the decision of such court or the exhaustion of all appeals therefrom, whichever is later

#### **VII. WAIVER OF APPEALS**

- 63) Respondent waives any right to a hearing on, appeal of and/or any challenge of the facts alleged by the above-referenced violation (LL#5133470) under Sections 20-104



of the Code or under Article 78 of the New York State Civil Practice Law and Rules, Sections 7801-7806, in any forum

#### VIII DEPARTMENT'S AUTHORITY

64) Nothing in this Agreement shall be construed to limit in any way the authority of the Department to exercise its regulatory or enforcement powers under Sections 20-104 or 20-409 of the Code

Agreed to by Respondent

By: Harry Torres

Signature

Date

Accepted for the Department of Consumer Affairs

By:

Staff Counsel

Legal Services Division

Signature

Date

By: Respondent's Attorney

Weytznier Esq

Date

By:

Deputy Director

Legal

Signature

Date

By: Respondent's Attorney.

Sol Needle, Esq

Date

Businesses licensed by the Department of Consumer Affairs (DCA) must comply with all relevant local, state and federal laws. Copies of New York City licensing and consumer protection laws are available in person at DCA's Licensing Center, located at 42 Broadway, 5th Floor, New York, NY, by calling 311, New York City's 24 hour Citizen Service Hotline, or by going online at [www.nyc.gov/consumers](http://www.nyc.gov/consumers).





# 2003 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

## 1. The following information reflects your final 2003 pay stub plus any adjustments submitted by your employer.

Gross Pay	34416.14	Social Security Tax Withheld	1898.44	NY State Income Tax	1038.45
		Box 4 of W-2		Box 17 of W-2	
				SUI/SDI	
				Box 14 of W-2	
Fed. Income Tax Withheld	3844.94	Medicare Tax Withheld	443.99		
Box 2 of W-2		Box 6 of W-2			

## 2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY State Wages, Tips, Etc. Box 18 of W-2
Gross Pay	34,416.14	34,416.14	34,416.14	34,416.14
Less 403(b) (E-Box 12)	780.00	N/A	N/A	780.00
Less Other Calc 125	3,796.12	3,796.12	3,796.12	3,796.12
Reported W-2 Wages	29,840.02	30,620.02	30,620.02	29,840.02

## 3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

**BARBARA J. STINSON**  
163 EAST ELM STREET  
GREENWICH, CT 06830

Social Security Number: **REDACTED**  
Taxable Marital Status: SINGLE  
Exemptions/Allowances:  
FEDERAL: 0  
STATE: 2

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1 Wages, tips, other comp. 29840.02	2 Federal income tax withheld 3844.94
3 Social security wages 30620.02	4 Social security tax withheld 1898.44
5 Medicare wages and tips 30620.02	6 Medicare tax withheld 443.99
a Control Number 007915 12/4EN	Dept. 010530 Corp. A Employer use only 386
c Employer's name, address, and ZIP code CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545	
Batch #00538	
<b>REDACTED</b>	
7 Social security tips	Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 780.00
14 Other	12b 12c 12d
13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code BARBARA J. STINSON 163 EAST ELM STREET GREENWICH, CT 06830	
15 State NY <b>REDACTED</b>	16 State wages, tips, etc. 29840.02
17 State income tax 1038.45	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
Safe, accurate, FAST! Use <b>IRS e-file</b> Visit the IRS Web Site at <a href="http://www.irs.gov">www.irs.gov</a>	
Employee Reference Copy <b>W-2</b> Wage and Tax Statement 2003 Copy C for employee's records. OMB No. 1545-0008	

1 Wages, tips, other comp. 29840.02	2 Federal income tax withheld 3844.94
3 Social security wages 30620.02	4 Social security tax withheld 1898.44
5 Medicare wages and tips 30620.02	6 Medicare tax withheld 443.99
a Control Number 007915 12/4EN	Dept. 010530 Corp. A Employer use only 386
c Employer's name, address, and ZIP code CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545	
<b>REDACTED</b>	
7 Social security tips	Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 780.00
14 Other	12b 12c 12d
13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code BARBARA J. STINSON 163 EAST ELM STREET GREENWICH, CT 06830	
15 State NY <b>REDACTED</b>	16 State wages, tips, etc. 29840.02
17 State income tax 1038.45	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
Federal Filing Copy <b>W-2</b> Wage and Tax Statement 2003 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008	

1 Wages, tips, other comp. 29840.02	2 Federal income tax withheld 3844.94
3 Social security wages 30620.02	4 Social security tax withheld 1898.44
5 Medicare wages and tips 30620.02	6 Medicare tax withheld 443.99
a Control Number 007915 12/4EN	Dept. 010530 Corp. A Employer use only 386
c Employer's name, address, and ZIP code CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545	
<b>REDACTED</b>	
7 Social security tips	Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 780.00
14 Other	12b 12c 12d
13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code BARBARA J. STINSON 163 EAST ELM STREET GREENWICH, CT 06830	
15 State NY <b>REDACTED</b>	16 State wages, tips, etc. 29840.02
17 State income tax 1038.45	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
NY State Reference Copy <b>W-2</b> Wage and Tax Statement 2003 Copy Z to be filed with employee's State Income Tax Return. OMB No. 1545-0008	

1 Wages, tips, other comp. 29840.02	2 Federal income tax withheld 3844.94
3 Social security wages 30620.02	4 Social security tax withheld 1898.44
5 Medicare wages and tips 30620.02	6 Medicare tax withheld 443.99
a Control Number 007915 12/4EN	Dept. 010530 Corp. A Employer use only 386
c Employer's name, address, and ZIP code CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545	
<b>REDACTED</b>	
7 Social security tips	Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 780.00
14 Other	12b 12c 12d
13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code BARBARA J. STINSON 163 EAST ELM STREET GREENWICH, CT 06830	
15 State NY <b>REDACTED</b>	16 State wages, tips, etc. 29840.02
17 State income tax 1038.45	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
NY State Filing Copy <b>W-2</b> Wage and Tax Statement 2003 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008	



"EXHIBIT C"

1 Wages, tips, other comp. <b>30978.95</b>		2 Federal income tax withheld <b>4048.46</b>	
3 Social security wages <b>31758.95</b>		4 Social security tax withheld <b>1969.05</b>	
5 Medicare wages and tips <b>31758.95</b>		6 Medicare tax withheld <b>460.50</b>	
a Control Number <b>007915 12/4EN</b>	Dept. <b>010530</b>	Corp. <b>A</b>	Employer use only <b>376</b>
c Employer's name, address, and ZIP code  <b>CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545</b>			
Batch #01076			
<b>REDACTED</b>			
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 <b>E 780.00</b>	
14 Other		12b	
		12c	
		12d	
13 Stat emp.		Ret. plan	3rd party sick pay
		<b>X</b>	
e/f Employee's name, address and ZIP code  <b>BARBARA J. STINSON 163 EAST ELM STREET GREENWICH,CT 06830</b>			
15 State <b>NY</b>		16 State wages, tips, etc. <b>30978.95</b>	
17 State income tax <b>1114.38</b>		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
Safe, accurate, <b>IRS e-file</b> Visit the IRS Web Site FAST! Use at <a href="http://www.irs.gov">www.irs.gov</a> .			
Employee Reference Copy <b>W-2 Wage and Tax Statement 2004</b> OMB No. 1545-0008			

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2004 pay stub plus any adjustments submitted by your employer.

Gross Pay	36673.19	Social Security Tax Withheld	1969.05	NY State Income Tax	1114.38
		Box 4 of W-2		Box 17 of W-2	
				SUI/SDI	
				Box 14 of W-2	
Fed. Income Tax Withheld	4048.46	Medicare Tax Withheld	460.50		
Box 2 of W-2		Box 6 of W-2			

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	36,673.19	36,673.19	36,673.19	36,673.19
Less 403(b) (E-Box 12)	780.00	N/A	N/A	780.00
Less Other Code 125	4,914.24	4,914.24	4,914.24	4,914.24
Reported W-2 Wages	30,978.95	31,758.95	31,758.95	30,978.95

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

**BARBARA J. STINSON  
163 EAST ELM STREET  
GREENWICH,CT 06830**

Social Security Number: **REDACTED**  
Taxable Marital Status: **SINGLE**  
Exemptions/Allowances:  
FEDERAL: 0  
STATE: 2

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1 Wages, tips, other comp. <b>30978.95</b>		2 Federal income tax withheld <b>4048.46</b>	
3 Social security wages <b>31758.95</b>		4 Social security tax withheld <b>1969.05</b>	
5 Medicare wages and tips <b>31758.95</b>		6 Medicare tax withheld <b>460.50</b>	
a Control Number <b>007915 12/4EN</b>	Dept. <b>010530</b>	Corp. <b>A</b>	Employer use only <b>376</b>
c Employer's name, address, and ZIP code  <b>CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545</b>			
<b>REDACTED</b>			
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 <b>E 780.00</b>	
14 Other		12b	
		12c	
		12d	
13 Stat emp.		Ret. plan	3rd party sick pay
		<b>X</b>	
e/f Employee's name, address and ZIP code  <b>BARBARA J. STINSON 163 EAST ELM STREET GREENWICH,CT 06830</b>			
15 State <b>NY</b>		16 State wages, tips, etc. <b>30978.95</b>	
17 State income tax <b>1114.38</b>		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
Federal Filing Copy <b>W-2 Wage and Tax Statement 2004</b> OMB No. 1545-0008			

1 Wages, tips, other comp. <b>30978.95</b>		2 Federal income tax withheld <b>4048.46</b>	
3 Social security wages <b>31758.95</b>		4 Social security tax withheld <b>1969.05</b>	
5 Medicare wages and tips <b>31758.95</b>		6 Medicare tax withheld <b>460.50</b>	
a Control Number <b>007915 12/4EN</b>	Dept. <b>010530</b>	Corp. <b>A</b>	Employer use only <b>376</b>
c Employer's name, address, and ZIP code  <b>CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545</b>			
<b>REDACTED</b>			
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 <b>E 780.00</b>	
14 Other		12b	
		12c	
		12d	
13 Stat emp.		Ret. plan	3rd party sick pay
		<b>X</b>	
e/f Employee's name, address and ZIP code  <b>BARBARA J. STINSON 163 EAST ELM STREET GREENWICH,CT 06830</b>			
15 State <b>NY</b>		16 State wages, tips, etc. <b>30978.95</b>	
17 State income tax <b>1114.38</b>		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
NY State Reference Copy <b>W-2 Wage and Tax Statement 2004</b> OMB No. 1545-0008			

1 Wages, tips, other comp. <b>30978.95</b>		2 Federal income tax withheld <b>4048.46</b>	
3 Social security wages <b>31758.95</b>		4 Social security tax withheld <b>1969.05</b>	
5 Medicare wages and tips <b>31758.95</b>		6 Medicare tax withheld <b>460.50</b>	
a Control Number <b>007915 12/4EN</b>	Dept. <b>010530</b>	Corp. <b>A</b>	Employer use only <b>376</b>
c Employer's name, address, and ZIP code  <b>CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545</b>			
<b>REDACTED</b>			
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 <b>E 780.00</b>	
14 Other		12b	
		12c	
		12d	
13 Stat emp.		Ret. plan	3rd party sick pay
		<b>X</b>	
e/f Employee's name, address and ZIP code  <b>BARBARA J. STINSON 163 EAST ELM STREET GREENWICH,CT 06830</b>			
15 State <b>NY</b>		16 State wages, tips, etc. <b>30978.95</b>	
17 State income tax <b>1114.38</b>		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	
NY State Filing Copy <b>W-2 Wage and Tax Statement 2004</b> OMB No. 1545-0008			



"EXHIBIT C"

# 2005 W-2 and EARNINGS SUMMARY

Safe, accurate, FAST! Use **IRS e-file** Visit the IRS Website at [www.irs.gov](http://www.irs.gov).

## Employee Reference Copy W-2 Wage and Tax Statement 2005

OMB No. 1545-0048  
a Control number 007915 12/4EN Dept. 010530 Corp. A Employer use only 378

c Employer's name, address, and ZIP code  
CATHOLIC FOREIGN MISSION  
MARYKNOLL FATHERS  
MARYKNOLL NY 10545

Batch #00668

e/f Employee's name, address, and ZIP code  
BARBARA J. STINSON  
163 EAST ELM STREET  
GREENWICH,CT 06830

**REDACTED**

1 Wages, tips, other comp. 31865.12	2 Federal income tax withheld 4192.13
3 Social security wages 32645.12	4 Social security tax withheld 2024.00
5 Medicare wages and tips 32645.12	6 Medicare tax withheld 473.35
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 E 780.00
14 Other	12b 12c 12d
15 State NY REDACTED	16 State wages, tips, etc. 31865.12
17 State income tax 1171.86	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2005 pay stub plus any adjustments submitted by your employer.

Gross Pay	38169.44	Social Security Tax Withheld Box 4 of W-2	2024.00	NY State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	1171.86
Fed. Income Tax Withheld Box 2 of W-2	4192.13	Medicare Tax Withheld Box 6 of W-2	473.35		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	38,169.44	38,169.44	38,169.44	38,169.44
Less 403(b) (E-Box 12)	780.00	N/A	N/A	780.00
Less Other Cafe 125	5,524.32	5,524.32	5,524.32	5,524.32
Reported W-2 Wages	31,865.12	32,645.12	32,645.12	31,865.12

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

BARBARA J. STINSON  
163 EAST ELM STREET  
GREENWICH,CT 06830

Social Security Number: REDACTED  
Taxable Marital Status: SINGLE  
Exemptions/Allowances:  
FEDERAL: 0  
STATE: 2

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1 Wages, tips, other comp. 31865.12	2 Federal income tax withheld 4192.13
3 Social security wages 32645.12	4 Social security tax withheld 2024.00
5 Medicare wages and tips 32645.12	6 Medicare tax withheld 473.35
a Control number 007915 12/4EN Dept. 010530 Corp. A Employer use only 378	
c Employer's name, address, and ZIP code CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545	

**REDACTED**

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 E 780.00
14 Other	12b 12c 12d
15 State NY REDACTED	16 State wages, tips, etc. 31865.12
17 State income tax 1171.86	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy  
**W-2** Wage and Tax Statement 2005  
OMB No. 1545-0048  
Copy 2 to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 31865.12	2 Federal income tax withheld 4192.13
3 Social security wages 32645.12	4 Social security tax withheld 2024.00
5 Medicare wages and tips 32645.12	6 Medicare tax withheld 473.35
a Control number 007915 12/4EN Dept. 010530 Corp. A Employer use only 378	
c Employer's name, address, and ZIP code CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545	

**REDACTED**

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 E 780.00
14 Other	12b 12c 12d
15 State NY REDACTED	16 State wages, tips, etc. 31865.12
17 State income tax 1171.86	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

NY State Reference Copy  
**W-2** Wage and Tax Statement 2005  
OMB No. 1545-0048  
Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 31865.12	2 Federal income tax withheld 4192.13
3 Social security wages 32645.12	4 Social security tax withheld 2024.00
5 Medicare wages and tips 32645.12	6 Medicare tax withheld 473.35
a Control number 007915 12/4EN Dept. 010530 Corp. A Employer use only 378	
c Employer's name, address, and ZIP code CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545	

**REDACTED**

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 E 780.00
14 Other	12b 12c 12d
15 State NY REDACTED	16 State wages, tips, etc. 31865.12
17 State income tax 1171.86	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

NY State Filing Copy  
**W-2** Wage and Tax Statement 2005  
OMB No. 1545-0048  
Copy 2 to be filed with employee's State Income Tax Return.



# Employee Reference Copy W-2 Wage and Tax Statement 2006

OMB No. 1545-0008  
a Control number 007915 12/4EN Dept. 010530 Corp. A Employer use only 360

c Employer's name, address, and ZIP code  
CATHOLIC FOREIGN MISSION  
MARYKNOLL FATHERS  
MARYKNOLL NY 10545

Batch #00761

e/f Employee's name, address, and ZIP code

BARBARA J. STINSON  
163 EAST ELM STREET  
GREENWICH, CT 06830

**REDACTED**

1 Wages, tips, other comp. 34781.42	2 Federal income tax withheld 4777.23
3 Social security wages 35561.42	4 Social security tax withheld 2204.81
5 Medicare wages and tips 35561.42	6 Medicare tax withheld 515.64
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 E 780.00
14 Other	12b 12c 12d
15 State NY <b>REDACTED</b>	16 State wages, tips, etc. 34781.42
17 State income tax 1370.78	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

"EXHIBIT C"

## 2006 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2006 pay stub plus any adjustments submitted by your employer.

Gross Pay	41599.82	Social Security Tax Withheld Box 4 of W-2	2204.81	NY State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	1370.78
Fed. Income Tax Withheld Box 2 of W-2	4777.23	Medicare Tax Withheld Box 6 of W-2	515.64		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	41,599.82	41,599.82	41,599.82	41,599.82
Less 403(b) (E-Box 12)	780.00	N/A	N/A	780.00
Less Other Cafe 125	6,038.40	6,038.40	6,038.40	6,038.40
Reported W-2 Wages	34,781.42	35,561.42	35,561.42	34,781.42

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

BARBARA J. STINSON  
163 EAST ELM STREET  
GREENWICH, CT 06830

Social Security Number: **REDACTED**  
Taxable Marital Status: SINGLE  
Exemptions/Allowances:  
FEDERAL: 0  
STATE: 2

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1 Wages, tips, other comp. 34781.42	2 Federal income tax withheld 4777.23
3 Social security wages 35561.42	4 Social security tax withheld 2204.81
5 Medicare wages and tips 35561.42	6 Medicare tax withheld 515.64
a Control number 007915 12/4EN	Dept. 010530 Corp. A Employer use only 360
c Employer's name, address, and ZIP code CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545	

**REDACTED**

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 E 780.00
14 Other	12b 12c 12d
13 Stat emp. Ret. plan 3rd party sick pay X	
e/f Employee's name, address and ZIP code BARBARA J. STINSON 163 EAST ELM STREET GREENWICH, CT 06830	
15 State NY <b>REDACTED</b>	16 State wages, tips, etc. 34781.42
17 State income tax 1370.78	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy  
**W-2** Wage and Tax Statement 2006  
OMB No. 1545-0008  
Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 34781.42	2 Federal income tax withheld 4777.23
3 Social security wages 35561.42	4 Social security tax withheld 2204.81
5 Medicare wages and tips 35561.42	6 Medicare tax withheld 515.64
a Control number 007915 12/4EN	Dept. 010530 Corp. A Employer use only 360
c Employer's name, address, and ZIP code CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545	

**REDACTED**

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a E 780.00
14 Other	12b 12c 12d
13 Stat emp. Ret. plan 3rd party sick pay X	
e/f Employee's name, address and ZIP code BARBARA J. STINSON 163 EAST ELM STREET GREENWICH, CT 06830	
15 State NY <b>REDACTED</b>	16 State wages, tips, etc. 34781.42
17 State income tax 1370.78	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

NY State Filing Copy  
**W-2** Wage and Tax Statement 2006  
OMB No. 1545-0008  
Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 34781.42	2 Federal income tax withheld 4777.23
3 Social security wages 35561.42	4 Social security tax withheld 2204.81
5 Medicare wages and tips 35561.42	6 Medicare tax withheld 515.64
a Control number 007915 12/4EN	Dept. 010530 Corp. A Employer use only 360
c Employer's name, address, and ZIP code CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545	

**REDACTED**

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a E 780.00
14 Other	12b 12c 12d
13 Stat emp. Ret. plan 3rd party sick pay X	
e/f Employee's name, address and ZIP code BARBARA J. STINSON 163 EAST ELM STREET GREENWICH, CT 06830	
15 State NY <b>REDACTED</b>	16 State wages, tips, etc. 34781.42
17 State income tax 1370.78	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

NY State Filing Copy  
**W-2** Wage and Tax Statement 2006  
OMB No. 1545-0008  
Copy 2 to be filed with employee's State Income Tax Return.



"EXHIBIT C"

## 2007 W-2 and EARNINGS SUMMARY

Safe, accurate, FAST! Use **IRS e-file** Visit the IRS Web Site at [www.irs.gov/efile](http://www.irs.gov/efile).

### Employee Reference Copy W-2 Wage and Tax Statement 2007

Copy C for employee's records			
d Control number 007915 12/4EN	Dept. 010530	Corp. A	Employer use only 373
c Employer's name, address, and ZIP code CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545			
Batch #00744			
e/f Employee's name, address, and ZIP code BARBARA J. STINSON 163 EAST ELM STREET GREENWICH,CT 06830			
<b>REDACTED</b>			
1 Wages, tips, other comp. 35080.34	2 Federal income tax withheld 4781.30		
3 Social security wages 36294.66	4 Social security tax withheld 2250.27		
5 Medicare wages and tips 36294.66	6 Medicare tax withheld 526.27		
7 Social security tips	8 Allocated tips		
9 Advance EIC payment	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 E 1214.32		
14 Other	12b 12c 12d		
15 State NY <b>REDACTED</b>	16 State wages, tips, etc. 35080.34		
17 State income tax 1391.29	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

#### 1. The following information reflects your final 2007 pay stub plus any adjustments submitted by your employer.

Gross Pay	42985.22	Social Security Tax Withheld Box 4 of W-2	2250.27	NY State income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	1391.29
Fed. Income Tax Withheld Box 2 of W-2	4781.30	Medicare Tax Withheld Box 6 of W-2	526.27		

#### 2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	42,985.22	42,985.22	42,985.22	42,985.22
Less 403(b) (E-Box 12)	1,214.32	N/A	N/A	1,214.32
Less Other Cafe 125	6,690.56	6,690.56	6,690.56	6,690.56
Reported W-2 Wages	35,080.34	36,294.66	36,294.66	35,080.34

#### 3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

BARBARA J. STINSON  
163 EAST ELM STREET  
GREENWICH,CT 06830

Social Security Number: **REDACTED**  
Taxable Marital Status: SINGLE  
Exemptions/Allowances:  
FEDERAL: 0  
STATE: 2

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1 Wages, tips, other comp. 35080.34	2 Federal income tax withheld 4781.30		
3 Social security wages 36294.66	4 Social security tax withheld 2250.27		
5 Medicare wages and tips 36294.66	6 Medicare tax withheld 526.27		
d Control number 007915 12/4EN	Dept. 010530	Corp. A	Employer use only 373
c Employer's name, address, and ZIP code CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545			
<b>REDACTED</b>			
7 Social security tips	8 Allocated tips		
9 Advance EIC payment	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 E 1214.32		
14 Other	12b 12c 12d		
15 State NY <b>REDACTED</b>	16 State wages, tips, etc. 35080.34		
17 State income tax 1391.29	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
Federal Filing Copy <b>W-2 Wage and Tax Statement 2007</b> OMB No. 1545-0046 Copy B to be filed with employee's Federal Income Tax Return.			

1 Wages, tips, other comp. 35080.34	2 Federal income tax withheld 4781.30		
3 Social security wages 36294.66	4 Social security tax withheld 2250.27		
5 Medicare wages and tips 36294.66	6 Medicare tax withheld 526.27		
d Control number 007915 12/4EN	Dept. 010530	Corp. A	Employer use only 373
c Employer's name, address, and ZIP code CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545			
<b>REDACTED</b>			
7 Social security tips	8 Allocated tips		
9 Advance EIC payment	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 E 1214.32		
14 Other	12b 12c 12d		
15 State NY <b>REDACTED</b>	16 State wages, tips, etc. 35080.34		
17 State income tax 1391.29	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
NY State Reference Copy <b>W-2 Wage and Tax Statement 2007</b> OMB No. 1545-0046 Copy 2 to be filed with employee's State Income Tax Return.			

1 Wages, tips, other comp. 35080.34	2 Federal income tax withheld 4781.30		
3 Social security wages 36294.66	4 Social security tax withheld 2250.27		
5 Medicare wages and tips 36294.66	6 Medicare tax withheld 526.27		
d Control number 007915 12/4EN	Dept. 010530	Corp. A	Employer use only 373
c Employer's name, address, and ZIP code CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545			
<b>REDACTED</b>			
7 Social security tips	8 Allocated tips		
9 Advance EIC payment	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 E 1214.32		
14 Other	12b 12c 12d		
15 State NY <b>REDACTED</b>	16 State wages, tips, etc. 35080.34		
17 State income tax 1391.29	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
NY State Filing Copy <b>W-2 Wage and Tax Statement 2007</b> OMB No. 1545-0046 Copy 2 to be filed with employee's State Income Tax Return.			



"EXHIBIT C"

## 2008 W-2 and EARNINGS SUMMARY

Safe, accurate, FAST! Use **efile** Visit the IRS Web Site at [www.irs.gov/efile](http://www.irs.gov/efile).

### Employee Reference Copy W-2 Wage and Tax Statement 2008

OMB No. 1545-0048  
d Control number 007915 12/4EN Dept. 010530 Corp. A Employer use only 374

c Employer's name, address, and ZIP code  
CATHOLIC FOREIGN MISSION  
MARYKNOLL FATHERS  
MARYKNOLL NY 10545

Batch #00860

a/f Employee's name, address, and ZIP code  
BARBARA J. STINSON  
163 EAST ELM STREET  
GREENWICH,CT 06830

**REDACTED**

1 Wages, tips, other comp. 36862.94	2 Federal income tax withheld 5111.86
3 Social security wages 38463.70	4 Social security tax withheld 2384.75
5 Medicare wages and tips 38463.70	6 Medicare tax withheld 557.72
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 E 1600.76
14 Other	12b 12c 12d
15 State NY <b>REDACTED</b>	16 State wages, tips, etc. 36862.94
17 State income tax 1513.27	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2008 pay stub plus any adjustments submitted by your employer.

Gross Pay	45872.86	Social Security Tax Withheld Box 4 of W-2	2384.75	NY, State Income Tax Box 17 of W-2	1513.27
Fed. Income Tax Withheld Box 2 of W-2	5111.86	Medicare Tax Withheld Box 5 of W-2	557.72	SUI/SDI Box 14 of W-2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY, State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	45,872.86	45,872.86	45,872.86	45,872.86
Less 403(b) (E-Box 12)	1,600.76	N/A	N/A	1,600.76
Less Other Cafe 125	7,409.16	7,409.16	7,409.16	7,409.16
Reported W-2 Wages	36,862.94	38,463.70	38,463.70	36,862.94

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

BARBARA J. STINSON  
163 EAST ELM STREET  
GREENWICH,CT 06830

Social Security Number: **REDACTED**  
Taxable Marital Status: SINGLE  
Exemptions/Allowances:  
FEDERAL: 0  
STATE: 2

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1 Wages, tips, other comp. 36862.94	2 Federal income tax withheld 5111.86
3 Social security wages 38463.70	4 Social security tax withheld 2384.75
5 Medicare wages and tips 38463.70	6 Medicare tax withheld 557.72
d Control number 007915 12/4EN Dept. 010530 Corp. A Employer use only 374	
c Employer's name, address, and ZIP code CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545	

**REDACTED**

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 E 1600.76
14 Other	12b 12c 12d
15 State NY <b>REDACTED</b>	16 State wages, tips, etc. 36862.94
17 State income tax 1513.27	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy  
**W-2** Wage and Tax Statement 2008  
OMB No. 1545-0048  
Copy 2 to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 36862.94	2 Federal income tax withheld 5111.86
3 Social security wages 38463.70	4 Social security tax withheld 2384.75
5 Medicare wages and tips 38463.70	6 Medicare tax withheld 557.72
d Control number 007915 12/4EN Dept. 010530 Corp. A Employer use only 374	
c Employer's name, address, and ZIP code CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545	

**REDACTED**

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a E 1600.76
14 Other	12b 12c 12d
15 State NY <b>REDACTED</b>	16 State wages, tips, etc. 36862.94
17 State income tax 1513.27	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

NY State Reference Copy  
**W-2** Wage and Tax Statement 2008  
OMB No. 1545-0048  
Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 36862.94	2 Federal income tax withheld 5111.86
3 Social security wages 38463.70	4 Social security tax withheld 2384.75
5 Medicare wages and tips 38463.70	6 Medicare tax withheld 557.72
d Control number 007915 12/4EN Dept. 010530 Corp. A Employer use only 374	
c Employer's name, address, and ZIP code CATHOLIC FOREIGN MISSION MARYKNOLL FATHERS MARYKNOLL NY 10545	

**REDACTED**

7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a E 1600.76
14 Other	12b 12c 12d
15 State NY <b>REDACTED</b>	16 State wages, tips, etc. 36862.94
17 State income tax 1513.27	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

NY State Filing Copy  
**W-2** Wage and Tax Statement 2008  
OMB No. 1545-0048  
Copy 2 to be filed with employee's State Income Tax Return.



" EXHIBIT D "

MVLMS01

Driver License System  
Connecticut License Information

Date 02/27/2018  
Time 10:13:27  
\*\*Reclassified\*\*  
CRED: LEGACY

Name: STINSON, BARBARA, J  
Mail Addr: 163 EAST ELM ST  
City: GREENWICH  
State: CT Zip: 06830 - 6614

Res Addr: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

DOB: 02/28/1959 Eye Color: BLU Height: 5 06 Sex: F Organ Donor: N  
DLN: CT028206750 Duplicates Issued: 0 Expires: 02/28/2017

Class: D

Endorsements:

Restrictions: B

Training: Proficiency Test: N  
Orig Iss Dt: 09/13/2005 Orig CDL Dt:

Eye Exam:  
Last Ren. Dt: 06/28/2011

State of Cancel:  
Non-CDL Status: EXPIRED

Date of Cancel:  
CDL Status:

PF2 TO POSSIBLE MIR2 CT SUSPENSION INFO PF4 FOR MEDICAL CERTIFICATION STATUS  
PRESS ENTER FOR INQUIRY MAIN MENU

**DATE OF ISSUE**

FEB 27 2018

**DEPT. OF MOTOR VEHICLES**

DMV  
NORWALK FEB 27 2018



"EXHIBIT E"



## TOWN OF GREENWICH

Town Hall - 101 Field Point Road, P.O Box 2540, Greenwich, CT 06836

### REGISTRAR OF VOTERS

Michael A. Aurelia  
(203) 622-7890  
(203) 622-7707

### REGISTRAR OF VOTERS

Fred DeCaro III  
(203) 622-7889  
(203) 622-6497

March 19, 2018

Ms. Barbara J. Stinson  
1307 Park Street  
Peekskill NY 10566

Dear Ms. Stinson:

The Registrars of Voters office, Town of Greenwich is confirming that you were a registered voter. You registered in 2004 as the attached print out proves but as of October 2016 your status changed to Off.

Please feel free to contact me if I can be of further assistance.

Sincerely

Lynn M. Giacomo  
Assistant Registrar of Voters

Enc:

Inquiries » Voter Information » View Voter

Logged in as: LGIACOMO / Greenwich

[QUICK SEARCH](#)[LOGOUT](#)

## Voter Information

Prefix Name:  
 Voter's Name: Barbara J Stinson  
 Date of Birth: 02/28/1959  
 Voter ID: **REDACTED**  
 Date Last Voted: 11/04/2014

## Mailing Address

Street No.:  
 Street Name1/P O Box:  
 Street Name2:  
 Unit:  
 Town:  
 State:  
 Zip Code:  
 Country:

## Residence Address

Address: 163 East Elm Street  
 Unit:  
 City: Greenwich  
 State: CT  
 Zip: 06830 -6614

## Status Information

Privilege Date: 08/04/2004  
 Reg. Effective Date: 08/04/2004  
 Current Status: OFF  
 Last Active Date: 10/07/2016  
 Off Reason: Move out of State

[Back](#)

## Enrollment Information

Current Party: Unaffiliated  
 Gender: Female  
 Telephone: (203)-622-1874  
 Special Status:  
 Perm Absentee Ballot: No

## Memo

Signature

## Districts:

Congressional: 004 Senatorial: 036 Assembly: 150

## District/Ward

State: 001  
 Local: 001  
 Special:

## Precinct

00  
 00

## Polling Place

Julian Curtiss School  
 Julian Curtiss School

## Previous Names

## Date Changed

## Last Name

## First Name

## Middle Name

## Suffix

Change Date	Number	Street	Unit	City	State	Zip Code
08/04/2004	236	East 82nd Street	4B	New York	NY	10028

## Date Changed

## Party Name ( From - To )

Change Audit History	Type	Change Date	Change Reason	Changed User ID	Type of Change
10/07/2016 10:02 AM	Remove	10/07/2016	Move Out Of State	LGIACOMO	Status, Other

Election Date	Election Type	How Voted
11/04/2014	General	In Person
11/06/2012	General	In Person
11/08/2011	General	In Person
11/02/2010	General	In Person
11/03/2009	General	In Person
11/04/2008	General	In Person
11/06/2007	General	In Person
11/07/2006	General	In Person
11/08/2005	General	In Person

History Date	Type	Move Code	Action	Notice Sent	Returned By	Return Date
02/19/2015	Mail In	Out of Town	Inactive	04/29/2015	by Post Office	05/15/2015

Select	Change Date	User	Type	Change Reason	Type of Change
<input type="radio"/>	10/07/2016	LGIACOMO	Remove	Move Out Of State	Status, Other

[Delete](#) [Generate Letter](#)

## Date Changed

## User

## Memo Description

[Report a problem?](#)



CENSUS TRACT	SUB-DIVISION
A	

STATISTICAL DISTRICT
REC.
RES.

8C

9

13

14

USUAL RESIDENCE WHERE DECEDENT LIVED.

16A

16B

SI

25

27

30

30G

NCHS

OR



RECORDED DISTRICT
5951
REGISTER NUMBER
11

# NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. NAME FIRST MIDDLE LAST <b>Robert F. Hosey Jr.</b>			2. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		3A. DATE OF DEATH MONTH DAY YEAR <b>1 7 81</b>			3B. HOUR <b>11:45</b>		
4. AGE IF UNDER 1 YEAR MONTHS DAYS <b>3 YEARS</b>		5. DECEDENT BORN MONTH DAY YEAR <b>8 28 77</b>		6. VETERAN OF U.S. ARMED FORCES? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> IF YES, SPECIFY WAR OR DATES OF SERVICE			7. SOCIAL SECURITY NUMBER <b>None</b>			
8A. COUNTY OF DEATH <b>West.</b>		8B. LOCALITY (CHECK ONE AND SPECIFY) <input type="checkbox"/> CITY OF <input type="checkbox"/> TOWN OF <input type="checkbox"/> VILLAGE OF		8C. HOSPITAL OR OTHER INSTITUTION (IF NEITHER, GIVE ADDRESS) <b>Peekskill Comm. Hos.</b>			8D. IF IN HOSPITAL OR INSTITUTION (CHECK ONE) <input checked="" type="checkbox"/> DOA <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT		8E. IF INPATIENT ADMISSION DATE MONTH DAY YEAR	
9. STATE OF BIRTH (COUNTRY IF NOT USA) <b>N.Y.</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		11. MARITAL STATUS (CHECK ONE) 1 <input checked="" type="checkbox"/> NEVER MARRIED 3 <input type="checkbox"/> WIDOWED 2 <input type="checkbox"/> MARRIED OR SEPARATED 4 <input type="checkbox"/> DIVORCED			12. SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME) <b>None</b>			
13. RACE: WHITE, BLACK, AMERICAN INDIAN, OTHER (SPECIFY) <b>White</b>		14. OF SPANISH ORIGIN? IF YES CHECK ONE <input type="checkbox"/> MEXICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN		15. EDUCATION: INDICATE HIGHEST GRADE COMPLETED ONLY ELEMENTARY HIGH SCHOOL COLLEGE 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 <input checked="" type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17						
16A. USUAL OCCUPATION (DO NOT ENTER RETIRED) <b>None</b>			16B. KIND OF BUSINESS OR INDUSTRY <b>None</b>			16C. NAME AND LOCALITY OF FIRM OR COMPANY <b>None</b>				
17A. STATE <b>N.Y.</b>		17B. COUNTY <b>Westchester</b>		17C. LOCALITY (CHECK ONE AND SPECIFY) <input type="checkbox"/> CITY OF <input type="checkbox"/> TOWN OF <input checked="" type="checkbox"/> VILLAGE OF <b>Cortlandt</b>			17E. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF NO, SPECIFY TOWN:			
17D. STREET AND NUMBER OF RESIDENCE (INCLUDE ZIP CODE) <b>248 Tate Avenue Buchanan, N.Y. 10511</b>										
18A. NAME OF FATHER FIRST MIDDLE LAST <b>Robert F. Hosey Sr.</b>			18B. NAME OF MOTHER FIRST MIDDLE LAST <b>Barbara Stinson</b>							
18A. NAME OF INFORMANT <b>Barbara Stinson</b>			18B. MAILING ADDRESS (INCLUDE ZIP CODE) <b>248 Tate Avenue, Buchanan, N.Y. 105</b>							
20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION (SPECIFY) <b>Burial</b>			MONTH DAY YEAR <b>1 9 81</b>		20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION <b>St. Patrick's Cem. Verplanck, N.Y. 10596</b>			20C. LOCATION (CITY OR TOWN, STATE)		
21A. NAME AND ADDRESS OF FUNERAL HOME <b>Edward F. Carter, Inc., Montrose, N.Y. 10548</b>			21B. REGISTRATION NO. <b>00366</b>							
22A. NAME OF FUNERAL DIRECTOR <b>Edward F. Carter, Jr.</b>			22B. SIGNATURE OF FUNERAL DIRECTOR <i>Edward F. Carter, Jr.</i>			22C. REGISTRATION NO. <b>00781</b>				
23A. SIGNATURE OF REGISTRAR <i>Selen Steady</i>			23B. DATE FILED MONTH DAY YEAR <b>Jan. 9 81</b>		24A. BURIAL OR REMOVAL PERMIT ISSUED BY <i>Selen Steady</i>			24B. MONTH DAY YEAR <b>Jan. 9 91</b>		
25. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY					25. TO BE COMPLETED BY CORONER OR MEDICAL EXAMINER ONLY					
A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED MONTH DAY YEAR					A. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED CORONER <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER <input checked="" type="checkbox"/>					
B. THE PHYSICIAN ATTENDED THE DECEASED MONTH DAY YEAR					B. PRONOUNCED DEAD MONTH DAY YEAR					
C. LAST SEEN ALIVE MONTH DAY YEAR					C. HOUR <b>11:45 a.m.</b>					
D. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER					D. DATE SIGNED MONTH DAY YEAR <b>1 8 81</b>					
E. SIGNATURE OF CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER										
26. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER, MEDICAL EXAMINER, CORONER'S PHYSICIAN, MEDICAL DIRECTOR) <b>Emmanuel Somers, M.D. Westchester County Medical Examiner's Office, Valhalla, N.Y.</b>										
27. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH										
PART I. IMMEDIATE CAUSE (A) <b>Left diaphragmatic hernia with herniation of</b> DUE TO, OR AS A CONSEQUENCE OF: (B) <b>intestines into the left thoracic cavity -</b> DUE TO, OR AS A CONSEQUENCE OF: (C) <b>bronchopneumonia right lung</b>										
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)										
30A. SPECIFY IF ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, PENDING INVESTIGATION <b>Natural</b>										
30B. DATE OF INJURY MONTH DAY YEAR										
30C. HOUR OF INJURY M.										
30D. DESCRIBE HOW INJURY OCCURRED										
30E. INJURY AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>										
30F. PLACE OF INJURY: HOME, FACTORY, OFFICE BLDG., ETC.										
30G. LOCATION (STREET & NO., CITY OR VILLAGE, TOWN, COUNTY, STATE)										

Robert Hosey



## CASE SUMMARY

Court:  
Index Number:

New York County Civil Court  
CV-062732-05/NY

Plaintiff(s):  
DEMI LLC

Case Type:  
Filed Date:  
Status:

Civil  
12/13/2005  
Post Disposition

vs.

Defendant(s):  
BARBARA J STINSON

Disposed Date:  
Disposed Reason:

05/26/2006  
Conversion

(P) DEMI LLC

Houslanger & Associates PLLC - 372 New York Avenue, Huntington, NY 11743, (631) 427-1140 ext:

(D) BARBARA J STINSON - 1307 PARK STREET, Peekskill, NY 10566

## PAPERS RECORDED

12/13/2005 Conversion - SUMMONS AND COMPLAINT FILED

12/13/2005 Conversion - Set Status Conference Control Date

12/13/2005 Conversion - SUMMONS & COMPLAINT

04/28/2006 Judgment (Legacy Judgment), Seq 1, Filed Date: 04/28/2006, Total Judgment: \$8,900.12, Entered Date: 05/26/2006, Status: Entered (05/26/2006), Creditor(s): (P) DEMI LLC, Debtor(s): (D) BARBARA J STINSON, Transcript Printed Date: 09/18/2017

05/26/2006 Conversion - JUDGMENT APP FILED 04/28/2006

05/26/2006 Conversion - JUDGMENT APPLCTN ACCEPTED JUDGMENT ENTERED

05/26/2006 Conversion - JUDGMENT SUBMITTAL FOR FAILURE TO ANSWER

03/06/2007 Conversion - JUDGMENT APP FILED 01/18/2007

03/06/2007 Conversion - JUDGMENT APP REJECTED

07/24/2017 Archive - File Ordered

08/16/2017 Archive - File Received

09/18/2017 Transcript Request Received, Filed By: (P) DEMI LLC

12/08/2017 Archive - File Returned

02/21/2018 Motion (Order to Show Cause), Seq 1, Filed By: (D) BARBARA J STINSON, Relief: Vacate Liens and Restraints, Status: Filed

02/22/2018 Motion (Order to Show Cause), Seq 2, Court Date(s): 03/09/2018, Filed By: (D) BARBARA J STINSON, Relief: Vacate Judgment, Status: Decided (03/09/2018, Withdrawn, Leticia M. Ramirez)



03/27/2018 Motion (Order to Show Cause), Seq 3, Court Date(s): 04/12/2018, Filed By: (D) BARBARA J STINSON, Relief: Vacate Judgment, Status: Filed

**APPEARANCE ACTIVITY**

03/09/2018 Part 34C - SRL - Procedural Motions - Cons Debt, Judge: Leticia M. Ramirez, Purpose: Motion (2) - Vacate Judgment, Outcome(s): Withdrawn  
04/12/2018 Part 34C - SRL - Procedural Motions - Cons Debt, Purpose: Motion (3) - Vacate Judgment